

A Free Adolescent Clubhouse/Sober Activities Center

Located at: 520 N. Market Street, Frederick, MD 21701

Tel: 301-600-1132, Fax: 301-600-1135

www.frederickcountymd.gov/healthdept or www.facebook.com/OntheMarkClubhouse

The Frederick County Health Department Behavioral Health Services Division is soliciting people in the community with special skills, talents or more to collaborate with us, by sharing your gift (s) to enrich the youth, ages 12-17 years old, attending our <u>Free</u> Adolescent Activities Center/Clubhouse, located in downtown, Frederick.

There are various categories of activities which take place at the center at specific times. Kindly see the listing on the back of some activities which are offered. You may select one or more activities of your choice and the timeframe that you would be available. Any assistance you can provide will be highly appreciated.

Volunteer applicants will be subject to criminal background checks and required to submit references.

	SIGN ME UP	
Name		_
		-
Tel#	Cell	
TP 11		-
	Or	
You may also conr	nect us with a community member(s) who is/are	interested
in volunteering:		
	Refer a friend	
Name		
Tel #		
Email		
	lease see back of page for list of activities. \rightarrow	

The activity/activities I	can assist with are: (please chec	<u>ck)</u>
O Help out with home work		
O Computer tutoring skills		
O Assist with GED		
O Music activity or lessons		
O Arts and Crafts		
O Social Activities and skills b	uilding	
O Dance and Theater		
O Activities just for girls		
O Activities for just boys		
O Recreational activities, sports	s/fitness, Zumba, etc.	
O Healthy cooking		
O Field trip sponsor		
O Assist with off-site field trips		
O Meditation/Relaxation		
O Special Holiday Events – Vale	entine's Day, etc.	
O Family Night/Game night		
O Gardening		
O Money management		
O Other: (Please list interest)_		
The hou	urs I can assist are:	
I can spare an hour a week-please state da	time : fromto	
Can assist once every two weeks please "	days(s) time: from to	
Count on me for 1 hour every month," "	days(s)time: fromto	
Once every quarter or six months (circle)	"day(s)time: fromto	
Should you have any que Cristen Cravath -Tel: 301-600-1122 or En Veronica Nimpson- Tel: 301-600-3357 or I	mail: ccravath@frederickcountymd.gov	

Completed forms may be emailed, faxed to 301-600-1135, or mailed to 350 Montevue Lane, Frederick, Maryland 21702. Thank you.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FREDERICK COUNTY HEALTH DEPARTMENT VOLUNTEER SERVICES APPLICATION FORM

Applicant's Name:			
First Name,		Last Name	
Home Address:			
Phone:	Date	e of Birth	
Occupation:	Cui	rrent Employer:	
Previous Work Experience:			
a) As a Volunteer:			
b) Other: (attach resume)			
Education or Special Training:			
Community Affiliations:			
	(clubs, oth	er organizations)	
References:			
Name and address of person who sh	nould be contacted in ca	ase of illness/emerg	gency on duty:
		Phone:	
Days Preferred:		Hours Prefer	red:
Monday through Friday:			
How did you find out about this pro	gram?		
Signature/Date			
Placement Date:	A	rea:	
Termination Date:	Re	eason:	
DRS: DHMH 107/			

PRS: DHMH 1974 Revised 9/04 (FCHD)



Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein, M.D., Secretary

OFFICE OF HUMAN RESOURCES

AUTHORITY FOR RELEASE OF INFORMATION

As an applicant for a position with the Maryland Department of Health and Mental Hygiene, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the Department to investigate my past work history, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications.

I direct you to release such information upon request of the duly accredited representative of the Maryland Department of Health and Mental Hygiene regardless of any agreement I may have made with you previously to the contrary and regardless of any other legal obligation that you may be subject to regarding the release of such information.

I understand that the information you release is for official use by the Maryland Department of Health and Mental Hygiene, and that the Maryland Department of Health and Mental Hygiene may disclose the information you release as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

PRINTED	DATE
 SIGNATURE	
 WITNESS	DATE

NOTE:

Consequences for failing to grant this release or for fraudulent or irregular information may include, but are not limited to, non-selection, decertification, termination of employment in situations where employment has begun, notification to the Secretary, and criminal prosecution.

Rev. 1/2011

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

FREDERICK COUNTY HEALTH DEPARTMENT

ADOLESCENT CLUBHOUSE

CONFIDENTIALITY AGREEMENT

It is the responsibility of all Frederick County Health Department staff members, which term includes paid employees, volunteers, interns, temporary employees and contractual personnel, to preserve and protect confidential or sensitive client, personal, medical, financial, and business information obtained at or through the Frederick County Health Department. This Confidentiality Agreement is intended to define the responsibilities of staff members who have access to confidential or sensitive client, personal, medical, financial and business information and to record the staff member's recognition and acceptance of that responsibility.

Both State and Federal law¹ protect the confidentiality of certain types of personal, medical, financial, and business information and specify that such information may not be disclosed except as authorized by law or by the subject of the record or that person's authorized representative. These protections apply to protected information or records, regardless of the form in which maintained. Any staff member who is uncertain as to whether particular information or records are covered by this Confidentiality Agreement should first consult with his or her supervisor or the supervisor's designee at the Frederick County Health Department before releasing or sharing that information.

The undersigned staff member, which term includes paid employees, volunteers, interns, temporary employees and contractual personnel understands and acknowledges that:

- 1. It is my legal and ethical responsibility to protect confidential or sensitive client, personal, medical, financial and business information relating to the Frederick County Health Department and its operations.
- 2. I will only access or disclose confidential or sensitive information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of the Frederick County Health Department. In the event that no officially adopted policy exists, I will access or disseminate confidential or sensitive information only with the express approval of my supervisor or the supervisor's designee.
- 3. I will make no voluntary disclosure of any confidential or sensitive information, except to persons authorized to receive it in the conduct of Frederick County Health Department business.
- 4. I agree to discuss confidential or sensitive information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within the hearing of other people who do not have a need to know about the information.
 - 5. I agree not to maintain any copies of any information deemed to be client, personal, medical,

financial or business related, unless expressly authorized by the Frederick County Health Department.

6. My obligation to safeguard confidential or sensitive information continues after my termination of employment, which term includes paid employees, volunteers, interns, temporary employees and contractual personnel with the Frederick County Health Department.

¹ The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of protected health information in every form (oral, written, electronic).

- 7. I understand that in the event of a breach or threatened breach of this Confidentiality Agreement, in addition to an action at law for damages, proceedings for an injunction may be brought against me. No specification in this Confidentiality Agreement of any particular remedy shall be construed as a waiver or prohibition of any other remedy in the event of a breach or threatened breach of this Confidentiality Agreement.
- 8. I also understand that in the event of a breach or threatened breach of this Confidentiality Agreement, the Frederick County Health Department may take action against me, including the pursuit of disciplinary action as it deems appropriate, up to and including the termination of my employment, which term includes paid employees, volunteers, interns, temporary employees and contractual personnel from the Frederick County Health Department.
- 9. If any provision in this Confidentiality Agreement is found to be invalid or unenforceable for any reason, the remainder shall be enforced as fully as possible and the unenforceable provision shall be deemed modified to the limited extent required to permit enforcement of the Confidentiality Agreement as a whole.
- 10. Regardless of the capacity in which I work, I understand that I must comply with this agreement in order to work, in any capacity, for the Frederick County Health Department.

I hereby acknowledge that I have read and understand the terms of this Confidentiality Agreement and that my

11. I understand that I will be required to review and sign this agreement on an annual basis.

Volunteer/Guest Acknowledgment and Signature:

signature below signifies my agreement to comply with the above terms.
Signature:
Print Name:
Dated:
Nature of activity
Clubhouse Staff Member Acknowledgment and Signature:
I have witnessed the above Acknowledgement being signed and dated.
Signature:
Print Name:
Dated:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE PERSONNEL SERVICES ADMINISTRATION

EMPLOYEE DISCLOSURE OF CRIMINAL HISTORY

A record of criminal conviction is not an automatic bar to employment. Each case is considered on its own merits. Factors such as job-relatedness, age at the time of conviction, nature of the offense, success of rehabilitation, number of convictions, and recentness of the conviction(s) are taken into consideration to determine whether a criminal record disqualifies a candidate for employment.

Background and criminal record checks to include fingerprinting are done routinely for all new appointments.

Discovery of fraudulent, irregular or inaccurate information will be reported to appropriate State agencies.

Falsification of this form, or any other employment application form, will result in automatic rejection of the employment application, withdrawal of commitment, or immediate dismissal from employment.

•	D A PROBATION BEFORE JUDGMENT , OR RECEIVED A NOT CRIMINALLY AL CASE OTHER THAN A MINOR TRAFFIC VIOLATION ?
YES (If YES, give complete d	letails on the other side of this form.)
NO	
SIGNATURE (FULL NAME)	DATE
PRINT FULL NAME	
	DHMH Form 4503 (11/00)

PLEASE PRINT

1.	CRIME CONVICTED OF:
	DATE OF INCIDENT:
	DATE CONVICTED:
	DISPOSITION OF CASE:
2.	CRIME CONVICTED OF:
	DATE OF INCIDENT:
	DATE CONVICTED:
	DISPOSITION OF CASE:
3.	CRIME CONVICTED OF:
	DATE OF INCIDENT:
	DATE CONVICTED:
	DISPOSITION OF CASE:
4.	CRIME CONVICTED OF:
	DATE OF INCIDENT:
	DATE CONVICTED:
	DISPOSITION OF CASE:
	5.5. 55.1.51t 61 6/6E.